

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., DIRECTOR

Weekly Bulletin



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GUY P. JONES
EDITOR

An Outline Of Mental Hygiene.

The Committee on Mental Hygiene of the California Congress of Parents and Teachers, of which committee Dr. Anita M. Mühl is chairman, has drawn up an outline of the general objectives of the committee. This outline is clear and concise. It is presented herewith:

OUTLINE OF GENERAL OBJECTIVES OF COMMITTEE ON MENTAL HYGIENE

Mental hygiene concerns itself fundamentally with two great problems—

1. The building up of successful and well balanced human beings with freedom from prejudice and with an ability to adjust themselves satisfactorily to existing conditions.

2. The prevention of (a) delinquency, (b) unstable emotional states and (c) behavior difficulties of all kinds.

For this reason the department of mental hygiene shall have two great aims:

First—To promote and preserve mental and emotional health in all children, because it means happiness, development and adjustment.

Second—To study the problems of adjustment with a view toward prevention of (a) behavior difficulties, (b) delinquency, (c) crime, (d) nervous breakdowns, (e) insanity.

Mental hygiene deals primarily with normal human beings. Because the principles of mental hygiene have been unconsciously recognized and used by normal people, they have been applied to the deviations from the normal in an attempt to correct these deviations, but mental hygiene is no more exclusively applied to people who are sick mentally or who are misfits of adjustment than physical hygiene is considered necessary only for those who are ill or crippled.

One of the greatest efforts of this program will be to get across to all P. T. A. groups in this state the idea that mental hygiene is for "normal" people. The work will be taken up as follows:

1. Bibliography of books and pamphlets, with cost, and addresses of places to send for them. The bibliography deals in part with (a) the pre-school child, (b) the school child (6 to adolescence), (c) the adolescent, (d) high school problems, (e) mental hygiene of the college student, (f) the retarded and superior child, (g) books dealing with personality make-up, child problems and adult problems. Books and pamphlets given preference will be starred.

Later, a series of short bulletins will be sent out giving certain principles of mental hygiene which should be followed carefully by parents and teachers.

Study circles for the group discussion of children's problems will be suggested, similar to the one in San Diego which was so successful. These group discussions should be handled by the group and a leader; the leader to be a person with tact, resourcefulness, common sense and an ability to get the parents to express themselves. If it is possible at the end of the year an expert, if available, should come in and pick up the loose ends.

Information will be given with regard to various schools, institutions, etc., dealing with variations of behavior.

Bulletins will be prepared on various important phases, such as

(a) pre-natal, (b) pre-school, (c) school to adolescent, (d) adolescent.

Several meetings and programs with speakers should be planned during the year.

Mental hygiene magazines should be subscribed for and books and pamphlets collected for a permanent library.



One of the greatest obstacles to education in our great cities is the unnatural sophistication of a child's mind.—Lord Eustace Percy, M.P.

Influenza Wave Now Receding

The epidemic of influenza which is now present in California and throughout most of the United States is not to be compared, in numbers of cases, deaths or severity, with the great pandemic of 1918. It is too early, as yet, to learn the number of deaths that have occurred from influenza and pneumonia in California during the past few weeks, but about 40,000 cases of the disease have occurred since the first of October. The greatest number of these cases reported during a single week was during the week ending December 8, when 10,683 were reported. If the present wave of the epidemic is to follow the same trend as the epidemic of 1918, it can be assumed with safety that the epidemic will have disappeared from California within the next few weeks, although there is a possibility of a second wave occurring in January and February. The only basis for such a prophecy, however, lies in the fact that after the fall epidemic of 1918 a secondary wave occurred in January and February of 1919. The enormity of the 1918 epidemic is indicated in the fact that there were 230,845 cases reported at that time, with 13,340 deaths. The numbers of cases of influenza reported in California by weeks during the present epidemic are as follows:

October 6.....	27
October 13.....	44
October 20.....	171
October 27.....	1557
November 3.....	2456
November 10.....	2698
November 17.....	2803
November 24.....	5166
December 1.....	10,095
December 8.....	10,683

The present epidemic seems to have appeared in San Francisco first of anywhere in the United States. A large number of cases of the disease were reported during the last week of October. The San Francisco outbreak has now spent itself, however, and the number of cases reported at the present time is not unusual. After its appearance in San Francisco, the disease moved through the state to Los Angeles and spread to some of the southwestern states. During the week ending November 24, Oregon and Montana both reported epidemics of the disease and South Carolina, Georgia and Alabama also reported epidemics. Since then, outbreaks have appeared in cities along the Atlantic seaboard and in some of

the larger centers of population through the middle west.

The chief characteristics of the present epidemic are the mildness of the attack as compared with previous widespread epidemics; the infrequency of complications; and the resultant low mortality rates. In the ten years that have intervened since the 1918 epidemic there has been no advance in methods of control of the disease. Its cause is not known. The only practical method of control lies in the prompt isolation of the individual, as soon as he is taken ill, and his continued isolation until after the fever has disappeared. This measure acts to the advantage of the individual, since it tends to prevent the occurrence of complications, and it also tends to protect the general public by the removal and isolation of the sick individual during the fever period, when the disease is supposed to be highly infective. The general symptoms in epidemic influenza are prostration, fever, headache, backache, pain in the extremities, followed by a persistent cough. The increased temperature generally persists for three or four days. If persons who are attacked in this manner will go to bed immediately and remain there until after the temperature subsides, complications can best be avoided. It is a conspicuous fact that fatalities occur chiefly in sick persons who do not receive proper care and who attempt to keep on their feet in spite of their illness.



Special Course For Health Officers

The Johns Hopkins University School of Hygiene and Public Health at Baltimore offers a short course well suited to the needs of health officers who desire training but who can not take the regular courses. The dates for the special course are March 13 to June 1, 1928.

The primary purpose of the course will be to review and broaden the student's knowledge of those subjects underlying the practice of public health: statistics, epidemiology, sanitary engineering and public health administration by means of special classes given throughout the course, and to acquaint the student with recent advances in the allied biological sciences, bacteriology, immunology, protozoology, entomology, helminthology, physiological hygiene, chemical hygiene, and in the filterable viruses, by means of a series of lecture demonstrations by workers in these sub-

jects. Instruction will be as far as possible by laboratory exercises and field demonstrations.

Candidates for admission to the course must be graduates in medicine or have had such other scientific training as will fit them for the course. Each candidate must give evidence of having had adequate laboratory instruction in bacteriology.

The tuition fee for the course will be one hundred dollars, payable at the time of registration. A certificate of attendance will be given those students who complete the course satisfactorily.

The course will be offered subject to the condition that not less than ten students have been accepted for admission prior to February 13, 1929.

Inquiries regarding admission to the course should be addressed to The Director, School of Hygiene and Public Health, 615 North Wolfe Street, Baltimore, Maryland.



Dr. Main Goes To Santa Barbara

Dr. R. C. Main, who has been health officer of Monterey County for the past five years, has gone to Santa Barbara, where he will succeed Dr. F. G. Crandall as health officer of Santa Barbara County.



"*Digestion, much like Love and Wine, no trifling will brook:*

His cook once spoiled the dinner of an Emperor of men;

The dinner spoiled the temper of his Majesty, and then

The Emperor made history—and no one blamed the cook."—MacBeath.



"Problems in mental hygiene, or human behavior—whether they concern our loves and hates, our likes and dislikes, our prejudices or our enthusiasms, our services, or unwillingness to serve, or whether they concern matters of larger social failure in the form of delinquency, dependency, inadequacy, or nervous and mental disease or defect—are not peculiar to any one country. They are common to the life of man everywhere. Men and women, of many professions, in clinic and laboratory throughout the world are engaged in studying these problems. Their success or failure is a matter of importance.

"Much new knowledge of a fundamental sort and much experience in social procedure has been gained. We need to pool this knowledge; to equalize its distribution, that time and energy may not be expended in repetition of research or repetition of error in social planning; to reach if possible a consensus of opinion on certain fundamental matters; to learn where knowledge is yet too incomplete to make possible such agreement; to search out the next steps in the approach to a clearer understanding of the forces which go to make up 'human nature' and to determine human relationships."—Dr. Frankwood E. Williams.

INFANT CARE LETTER No. XI

Eleventh Month

My Dear Mrs.

Your baby should now, unless your doctor has ordered otherwise, be on 4 meals a day. He will be taking, as indicated in your diet bulletin, cereal, vegetable puree, broth, egg, fruit juice or puree, hard toast and milk. He takes his milk from a cup, and gets altogether about a quart in the day. Remember he is not to have little "tastes" of other foods. If you never give him a bite of candy, cake, ice cream, etc., between feedings he will not expect it and beg for it. If you break this rule even occasionally you have started him on the road to a very bad and troublesome habit.

Now that your baby is beginning to walk, or at least to stand up, it is very important that he have well-fitted shoes. He must have his socks or stockings fitted just as carefully. Be sure they are long enough. A short sock cramps the foot and tires it quickly. Do not permit older children or adults to tease the baby. They often do this, thinking it is fun to see the little one kick and scream. The baby who is teased is failing to learn self control as he should. Do not make or even allow the older children to always give baby what he wants and cries for, just to keep him quiet. There is no more certain way of "spoiling" a child.

Have a very few simple rules for the baby to follow and stick to them. If you punish him today for doing a certain thing and tomorrow laugh at him for the same thing, he will not learn obedience as he should.

Very sincerely yours,

ELLEN S. STADTMULLER, M.D., Chief.



MORBIDITY*

Diphtheria.

76 cases of diphtheria have been reported, as follows: Alameda 1, Oakland 6, Oroville 1, Kern County 1, Bakersfield 1, Delano 1, Los Angeles County 8, El Monte 1, Glendale 1, Los Angeles 16, Whittier 10, South Gate 1, Maywood 1, Madera County 1, Santa Ana 2, Riverside 1, Sacramento County 1, Sacramento 3, San Bernardino 1, San Francisco 4, San Luis Obispo County 1, San Bruno 1, San Jose 4, Santa Clara 1, Sunnyvale 4, Santa Rosa 2, Santa Paula 1.

Measles.

14 cases of measles have been reported, as follows: Alameda 2, Contra Costa County 1, Glendale 2, San Francisco 2, Lompoc 7.

Scarlet Fever.

179 cases of scarlet fever have been reported,

*From reports received on December 17th and 18th for week ending December 15th.

as follows: Alameda 3, Berkeley 2, Oakland 7, Contra Costa County 1, Hercules 1, Fresno 2, Kern County 2, Los Angeles County 13, Burbank 1, Huntington Park 2, Long Beach 3, Los Angeles 23, San Fernando 2, South Gate 1, Madera County 6, Nevada City 2, Anaheim 1, Riverside County 1, Riverside 6, Sacramento County 5, Sacramento 22, San Bernardino 3, San Francisco 16, San Joaquin County 8, Manteca 2, Stockton 3, San Mateo County 1, Santa Clara County 4, Gilroy 2, San Jose 8, Solano County 3, Rio Vista 1, Sonoma County 2, Petaluma 11, Stanislaus County 5, Sutter County 1, Tulare County 1, Marysville 2.

Smallpox.

24 cases of smallpox have been reported, as follows: Alameda County 1, Berkeley 3, Oakland 6, Eureka 1, Signal Hill 1, Napa 1, Sacramento 1, Turlock 2, Sutter County 1, Visalia 7.

Typhoid Fever.

4 cases of typhoid fever have been reported, as follows: Alameda 1, Colusa County 1, Los Angeles 1, Sonoma County 1.

Whooping Cough.

133 cases of whooping cough have been

reported, as follows: Alameda County 2, Sacramento 13, Los Angeles County 23, Alhambra 2, Glendale 8, Huntington Park 6, La Verne 1, Long Beach 1, Los Angeles 26, Pasadena 6, Santa Monica 4, Bell 2, Salinas 3, Brea 2, Fullerton 3, Placentia 1, San Bernardino 1, San Francisco 17, San Luis Obispo County 1, Redwood City 1, San Jose 3, Santa Paula 7.

Meningitis (Epidemic).

19 cases of epidemic meningitis have been reported, as follows: Oakland 1, Los Angeles 8, Orange County 1, Sacramento County 1, Sacramento 1, Ontario 1, San Francisco 1, Stockton 2, California 3.

Poliomyelitis.

3 cases of poliomyelitis have been reported, as follows: Vernon 1, Sacramento 1, Tulare County 1.

Encephalitis (Epidemic).

Whittier reported one case of epidemic encephalitis.

Coccidioidal Granuloma.

San Francisco reported one case of coccidioidal granuloma.

COMMUNICABLE DISEASE REPORT

Disease	1928			Reports for week ending Dec. 15 received by Dec. 18	1927			Reports for week ending Dec. 17 received by Dec. 20		
	Week ending				Week ending					
	Nov. 24	Dec. 1	Dec. 8		Nov. 26	Dec. 3	Dec. 10			
Anthrax-----	0	0	0	0	0	1	0	0		
Botulism-----	0	0	1	0	0	0	0	0		
Chickenpox-----	253	237	236	216	293	283	410	228		
Coccidioidal Granuloma-----	0	0	0	1	0	0	0	0		
Diphtheria-----	124	78	93	76	137	148	135	147		
Dysentery (Bacillary)-----	0	1	0	2	1	1	1	0		
Encephalitis (Epidemic)-----	1	3	3	1	3	2	2	0		
Food poisoning-----	1	4	0	0	2	0	0	0		
German Measles-----	3	5	7	13	53	118	74	72		
Gonococcus infection-----	101	113	105	115	73	119	103	105		
Influenza-----	5,166	10,095	10,683	6,655	22	32	21	25		
Jaundice (infectious)-----	0	0	1	0	0	0	3	0		
Leprosy-----	0	0	2	0	0	1	0	0		
Malaria-----	2	0	1	1	1	1	3	0		
Measles-----	20	27	21	14	38	38	55	46		
Meningitis (epidemic)-----	11	7	9	19	0	2	6	2		
Mumps-----	212	152	203	192	68	81	95	83		
Paratyphoid Fever-----	0	0	0	0	1	0	0	0		
Pneumonia (Lobar)-----	127	145	192	193	33	41	45	50		
Poliomyelitis-----	8	5	0	3	22	24	24	22		
Rabies (animal)-----	16	14	13	5	10	17	5	9		
Rocky Mt. Spotted Fever-----	0	0	0	0	0	0	0	0		
Scarlet Fever-----	191	191	198	179	171	172	173	156		
Smallpox-----	28	19	21	24	16	12	7	26		
Syphilis-----	148	115	149	169	75	121	123	203		
Tetanus-----	0	1	0	0	1	2	1	0		
Trachoma-----	1	4	3	0	1	3	7	0		
Trichinosis-----	0	0	2	0	1	1	0	0		
Tuberculosis-----	230	207	205	175	155	195	222	178		
Typhoid Fever-----	5	4	4	4	8	1	10	5		
Typhus Fever-----	0	0	0	0	0	0	0	0		
Whooping Cough-----	128	104	150	133	109	125	170	56		
Totals-----	6,776	11,531	12,302	8,190	1,294	1,541	1,695	1,413		

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